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Country programme document for Eritrea

Proposed indicative UNFPA assistance:	$16.3 million: $5.8 million from regular resources and $10.5 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2017 - 2021)
Cycle of assistance:	Fifth
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	3.3	5.7	9.0
Outcome 2	Adolescents and youth	0.4	1.5	1.9
Outcome 3	Gender equality and women's empowerment	0.6	1.8	2.4
Outcome 4	Population dynamics	0.7	1.5	2.2
Programme coordination and assistance		0.8	-	0.8
Total		5.8	10.5	16.3

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Please recycle

I. Situation analysis

1. Eritrea is a low-income country, with approximately 58 per cent of the population living on less than $1.25 per day. Eritrea became a sovereign state in 1993 after a 30-year conflict with Ethiopia. A second border dispute started in 1998; the resulting impasse of 'no war, no peace' continues to significantly disrupt the economy and divert human and financial resources into the continued defence of the country.

2. The estimated official population size given by the National Statistics Office is 3.5 million, with a fertility rate of 4.8 per cent. While the majority still lives in rural areas (about 65 per cent), the urban population is growing rapidly due to high rural-urban migration. The population can be characterized as young, with 47 per cent of the total population under the age of 15.

3. Since independence, the Government of Eritrea has given priority to the provision of primary health care, with significant results, despite a thin local and international resource base. The country has been recognized as one of the few countries globally to achieve Millennium Development Goal 5 a, reducing the maternal mortality ratio from 1,700 deaths per 100,000 live births in 1990 to an estimated 380 in 2013. This reduction is largely attributable to the increased access of basic emergency obstetric care in all 258 health facilities nationally.

4. Despite laudable progress in maternal mortality reduction, the building blocks for maintaining progress are threatened by a low level of demand for skilled birth attendance and family planning. Only 55 per cent of women delivered at health facilities in 2014, compared to 34 per cent in 2010. At the heart of the problem are traditional practices around childbirth, which encourage women to give birth at home, especially for the first born, a lack of appropriate transportation, the paucity of specialized midwives and inadequate deployment and retaining of other health-care providers. Similarly, the contraceptive prevalence rate increased only marginally from 8 per cent in 1995 to 8.4 per cent in 2015. The unmet need for family planning remains high, at 27.4 per cent, mainly because of poor method mix, limited demand-generating strategies implemented by the Government and a lack of village-level family planning promotors.

5. Teenage pregnancy is a major health concern in the country, and several policy and programmatic strides have been taken to address it. The Ministry of Health, the Ministry of Education and the National Union of Eritrean Youth and Students have made efforts to avail sexuality education for in-school and out-of-school youth, albeit with a limited number of trained teachers in life skills. Despite these efforts, 20 per cent of women are affected by early sexual debut, having had their first sexual intercourse by the age of 15. Teenage childbearing is as high as 14 per cent in the Debub (southern) region. Where pregnancies are unwanted, young people have resorted to unsafe abortion, which accounts for over 50 per cent of all reported 2014 maternal deaths.

6. Obstetric fistula is another major health problem, affecting many young people; 48 per cent of all fistula cases treated in 2015 were within the 18-25 year age category.

7. Eritrea has a strong policy and legal framework to promote gender equality. However, gender disparities persist and affect the rights of women and girls to live free from violence. The prevalence of female genital mutilation is still high, at 83 per cent nationally, because of the traditional belief of chastity before marriage and in some cases, male preference for circumcised women. Child marriage is another factor that contributes to teenage pregnancy because of the expectation that childbearing will begin soon after marriage. Almost 13 per cent of women aged 20-24 were first married before the age of 15.

8. The mandate of the National Statistics Office to collect and generate data is hindered by the lack of a comprehensive legal framework and full policy mandate on national data generation and quality assurance, as well as the lack of requisite capacity to produce high-quality disaggregated data and information. Consequently,

development partners find it hard to access to reliable data for evidence-based planning and monitoring of strategies and programmes. Another critical challenge is the absence of a functioning civil registration and vital statistics system, from which quality population-based data, could be obtained to address the census gap.

9. Eritrea is prone to natural disasters, such as drought, earthquakes and floods, which have serious implications for women and girls, particularly related to food shortages. To date, the Government of Eritrea has responded to emergency situations without soliciting external support.

II. Past cooperation and lessons learned

10. The previous country programme had three components: sexual and reproductive health, gender equality, and population and development.

11. In sexual and reproductive health, the programme contributed to: (a) an increase in skilled birth attendance, from 34 per cent to 55 per cent; (b) availability of basic emergency obstetric care services in 68 per cent of the 258 health facilities providing maternal health services and comprehensive emergency obstetric and newborn care service in seven hospitals; (c) obstetric fistula repair for more than 1,243 women; (d) maintaining 100 per cent availability of family planning commodities in all health facilities; and (e) reaching at least 270,000 students with sexuality education, including HIV prevention. To achieve these results, UNFPA supported: (a) the procurement and distribution of life-saving medical supplies and drugs, including modern methods of contraception, to all 258 health facilities totalling $1.4 million; (b) recruitment of two international gynaecologists and 11 anaesthetists to address emergency obstetric care, including fistula treatment; (c) establishment and maintenance of a 30-bed national fistula centre as well as 65 maternity waiting homes; and (d) establishment of three dedicated youth centres and youth-friendly spaces in three health facilities. Despite these achievements, the country programme assessment identified a need to expedite the identification and treatment of fistula backlog patients; the need for increased midwifery training and deployment; and more comprehensive family planning promotion at health facilities. The assessment emphasized the need to scale up and institutionalize maternal death reviews and to improve the commodity supply management system.

12. In gender equality, UNFPA collaborated with the National Union of Eritrean Women to advocate for and to realize the implementation of gender mainstreaming and roll-out of women empowerment activities. The joint programme contributed to three outcomes: (a) revision of the national Gender Action Plan 2014-2018; (b) gender mainstreaming, with a focus on gender-sensitive planning, in five sectoral ministries; and (c) community mobilization and public declaration of abandonment of female genital mutilation by 21 communities, resulting in the establishment of 2,657 villages with committees combatting female genital mutilation. The assessment recommended renewed efforts in implementation of the national anti-female genital mutilation proclamation and to strengthen monitoring and evaluation of international protection instruments and their recommendations in relation to sexual and reproductive health and rights, including gender-based violence. Child marriage was not addressed sufficiently in the previous programme and will become a critical thematic intervention area in the new country programme.

13. In population and development, UNFPA contributed to the development of the civil registration and vital statistics strategy and successfully advocated for the conduct of the fourth Demographic and Health Survey in 2016. The programmatic gaps identified are the need for increased efforts to promote the endorsement of a national statistical policy and the roll-out of a community-based statistical system through the establishment of a civil registration and vital statistics system.

14. The key lessons learned include: (a) advocating for direct working relationships with regional-level implementing partners instead of having solely national-level counterparts is necessary to increase ownership and sustainability of subnational programme interventions; (b) scaling up collaboration with community-based

committees, such as health, gender and anti-female genital mutilation committees, results in greater impact and sustainability; (c) investing in performance management systems of implementing partners is crucial for improving efficiency and accountability of programme delivery; (d) in order for the health programme to be more self-reliant, more investment should be made in training and deploying Eritrean nationals; and (e) advocacy is required to disseminate available data and establish partnerships with other stakeholders to generate missing data.

III. Proposed programme

15. The new country programme is fully aligned with the National Indicative Development Plan 2014-2018, the priorities of the United Nations Strategic Partnership Cooperation Framework II (2017-2021) and the Health Sector Strategic Development Plan 2012-2016, and has been guided by the Sustainable Development Goals.

16. Based on lessons learned, UNFPA will intensify its support in strengthening the programming capability of implementing partners at national and regional levels, including its focus on locally trained health personnel, while advocating for the generation of critical, disaggregated population data. The programme is results-oriented and will reflect the Sustainable Development Goals principles of reaching out to marginalized population groups.

A. Outcome 1: Sexual reproductive health services

17. Output 1: Women and young people have access to high-quality comprehensive maternal and neonatal health services, including fistula treatment. Strategies will include: (a) training and deployment of 1,500 nurse midwives nationwide in provision of basic and comprehensive emergency care services; (b) recruiting and deploying three gynaecologists/obstetricians and support on-the-job training of national anaesthetists for improved access to health services; (c) supporting the establishment of 35 additional maternity-waiting homes to enhance skilled birth attendance in hard-to-reach areas; (d) support the training of 200 health professionals in post-abortion care; (e) support 10 international specialist missions to perform fistula repairs; and (f) advocacy efforts for national scale-up and institutionalization of maternal death reviews at health-facility level.

18. Output 2: Ministry of Health, National Union of Eritrean Women and the National Union of Eritrean Youth and Students have the capacity to create demand for and ensure availability of modern contraceptives. The programme will: (a) procure and support the distribution of 1 million pills and 100,000 injectables in support of the nationwide provision of modern contraceptives; (b) provide 10,000 girls and women with condom-use negotiation skills training; (c) train 2,500 community health workers in the promotion of family planning and 2,500 community-based distributors in tracking and reporting on village-level contraceptive use; and (d) support the operationalization of a functional logistics management information system for forecasting and monitoring reproductive health commodities.

B. Outcome 2: Adolescents and youth

19. Output 1: Adolescents and youth have access to high-quality sexual and reproductive health information and youth-friendly health services, including gender-sensitive HIV prevention. This will be achieved by supporting: (a) establishment of 18 youth-friendly corners within health facilities and six youth-friendly centres nationwide through advocacy efforts and technical assistance; (b) full implementation of the 10-step strategic approach to condom programming; and (c) training of 100 teachers on comprehensive sexuality education.

C. Outcome 3: Gender equality and women's empowerment

20. Output 1: Communities and national institutions are better coordinated to effectively prevent, monitor and report on harmful practices against women. This will be achieved by: (a) supporting the recruitment and placement of a monitoring and

evaluation expert at the National Union of Eritrean Women in support of implementation and reporting on the Convention on the Elimination of All Forms of Discrimination against Women and the Universal Periodic Review recommendations; and (b) scaling up support to 2,564 anti-female genital mutilation committees through capacity-building to address all harmful traditional practices, including child marriage.

D. Outcome 4: Population dynamics

21. Output 1: National Statistics Office produces and disseminates high-quality disaggregated data that allows for in-depth analysis on population dynamics and sexual and reproductive health, and their linkages to poverty eradication and sustainable development. This will be achieved by: (a) recruiting a chief technical advisor specializing in data for development at the National Statistics Office; (b) advocating for the implementation of the civil registration and vital statistics strategy, including an institutional capacity assessment and training of 2,564 village-level civil registration and vital statistics workers; and (d) providing financial and technical assistance for the conduct of the fifth Demographic and Health Survey.

IV. Programme management, monitoring and evaluation

22. UNFPA and the Government of Eritrea, under the overall coordination of the Ministry of National Development, will implement, monitor and evaluate the programme, in accordance with UNFPA guidelines and procedures. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at country, regional and headquarters levels are prescribed in the UNFPA programme and operations policies and procedures and the internal control framework.

23. The implementation modality will be a combination of the harmonized approach to cash transfers, joint programming within the context of Delivering-as-One and UNFPA direct execution. In the absence of non-governmental organizations, the private sector and civil society, UNFPA partnership is limited to government institutions selected by the Government and UNFPA to participate in the implementation of the country programme. UNFPA will update its partnership plan and resource mobilization strategy in compliance with UNFPA global and regional resource mobilization strategies for engagement with government institutions and donor entities.

24. The programme will be delivered through a core team of staff funded from the UNFPA institutional budget and regular resources. In addition to partnerships with national stakeholders, UNFPA will rely on South-South cooperation, seeking technical assistance from other country offices, the regional office and headquarters, complemented by international and national consultants, if required.

RESULTS AND RESOURCES FRAMEWORK FOR ERITREA (2017-2021)

National priority: Reduce morbidity and mortality among women, men and other vulnerable groups.
United Nations Strategic Partnership Cooperation Framework II: Access to and utilization of high-quality, integrated health and nutrition services is improved within the general population, with a particular emphasis on children under five, youth, women and other vulnerable groups.
Indicator: Maternal mortality ratio. *Baseline*: 380 deaths per 100,000 live births; *Target:* 350 per 100,000 live births.
United Nations Strategic Partnership Cooperation Framework II: Women, men, young people and adolescents have access to integrated reproductive health services.
Indicators: Percentage of deliveries attended by skilled personnel. *Baseline*: 55%; *Target*: 70%. Contraceptive prevalence rate. *Baseline*: 8%; *Target*: 12%

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human-rights standards for quality of care and equity in access Outcome indicators: • Percentage of births attended by skilled personnel *Baseline:* 55; *Target:* 70 • Contraceptive prevalence rate for modern methods *Baseline:* 8.4; *Target:* 15 • Unmet need for family planning *Baseline:* 27.4; *Target:* 13.7	Output 1: Women and young people have access to high-quality comprehensive maternal and neonatal health services, including fistula treatment.	• Percentage of health facilities providing basic emergency obstetric and newborn care (seven signal functions) *Baseline*: 68; *Target:* 100 • Number of nurses with advanced training in midwifery *Baseline*: 1,397; *Target:* 2,919 • Number of community hospitals providing comprehensive emergency obstetric and newborn care *Baseline:* 7; *Target:* 12 • Number of visits by international specialists to conduct obstetric fistula treatment *Baseline*: 3; *Target*: 10	Ministry of Health; Asmara College of Health Science; National Union of Eritrean Youth and Students; National Union of Eritrean Women; World Health Organization; UNICEF	$9.0 million ($3.3 million from regular resources and $5.7 million from other resources)
	Output 2: Ministry of Health, National Union of Eritrean Women and the National Union of Eritrean Youth and Students have the capacity to create demand for and ensure availability of modern contraceptives	• Percentage of service delivery points with no stock-outs of reproductive health commodities *Baseline*: 100; *Target*: 100 • Number of trained community-based distributors who are tracking and reporting on village-level contraceptive use. *Baseline*: 0; *Target*: 2,500 • Number of trained community health workers who actively promote family planning *Baseline*: 0; *Target*: 2,500 • Existence of a functional Logistics Management Information System for forecasting and monitoring reproductive health commodities *Baseline*: No; *Target*: Yes		
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicators: • Adolescent birth rate *Baseline:* 27/1000 (2010); *Target:* 14/1000 • Number of young people aged 15-24	Output 1: Adolescents and youth have access to quality sexual and reproductive health information and youth-friendly health services, including gender-sensitive HIV prevention	• Number of schools with trained teachers providing comprehensive sexuality education *Baseline*: 0; Target: 100 • Number of facilities with integrated youth-friendly services *Baseline*: 10 ; *Target*: 24 • Number of male condoms distributed *Baseline*: 2.8 million; *Target*: 20 million	Ministries of: Health; Education; National Union of Eritrean Youth and Students; National Union of Eritrean Women; World Health Organization; UNICEF	$1.9 million ($0.4 million from regular resources and $1.5 million from other resources)

reporting condom use at last sexual intercourse *Baseline*: 47; *Target*: 80				
National priority: Promote equal opportunities for all and increase the capabilities of women, men, girls and boys of all backgrounds in national development process **United Nations Strategic Partnership Cooperation Framework II:** National institutions have gender-responsive sector plans and promote empowerment of women				
Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth Outcome indicator(s): • Female genital mutilation prevalence of girls under 5 and under 15 *Baseline:* 12 and 33; *Target:* 7 and 21 • Percentage of women 20-24 married or in-union by age 15 *Baseline:* 12.9; *Target:* 7	Output 1: Communities and national institutions are better coordinated to effectively prevent, monitor and report on harmful practices against women, including child marriage	• Number of cases prosecuted in court against female genital mutilation *Baseline*: 144; *Target*: 300 • Number of villages that publicly declare abandonment of female genital mutilation *Baseline:* 227; *Target*: 1,000 • Number of service delivery points with at least one provider with the skills to identify, treat and refer cases of gender-based violence *Baseline*: 0; *Target*: 300 • Existence of a National Action Plan against child marriage and female genital mutilation *Baseline*: 0; *Target*: 1	National Union of Eritrean Women; Ministries of: Health; Labour and Human Welfare; Information; National Union of Eritrean Youth and Students; United Nations Children's Fund; UNDP	$2.4 million ($0.6 million from regular resources and $1.8 million from other resources)
National priority: National Statistics Office has the capacity to collect, compile, interpret and disseminate relevant population and socioeconomic data at both national and subnational levels **United Nations Strategic Partnership Cooperation Framework II:** Selected government institutions have the capacity to effectively and efficiently deliver services to all				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator: • Number of national statistical publications with disaggregated data on sexual reproductive health by age, sex and wealth quintiles *Baseline:* 4 ; *Target:* 5 • National Birth Registration system in place *Baseline:* No; *Target:* Yes	Output 1: National Statistics Office produces and disseminates quality disaggregated data that allows for in-depth analysis on population dynamics and sexual and reproductive health, and their linkages to poverty eradication and sustainable development	• Fifth Demographic and Health Survey Report available *Baseline:* No; *Target*: Yes • National civil and vital registration system in place *Baseline*: No; *Target:* Yes • Number of trained Civil Registration and Vital Statistics clerks trained and deployed *Baseline*: 0; *Target*: 2,564	Ministry of National Development; National Statistics Office; United Nations agencies	$2.2 million ($0.7 million from regular resources and $1.5 million from other resources) Total for programme coordination and assistance: $0.8 million from regular resources